Implementation of Substitution Treatment with Buprenorphine in Lebanon

Ramzi Haddad, M.D

Mount Lebanon Hospital

Skoun – Lebanese Addiction Center

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Rationale

- Why substitution ?
- Why Buprenorphine ?

Why substitution ?

- **Non favorable arguments:**

  - reliable data on opioid dependence not available

  - low HIV prevalence

  - no reliable data on Hepatitis C prevalence

- **Favorable arguments :**

  - heroin is widely available and cheap

  - majority of persons receiving services from different centers are opioid dependent

  - consensus amongst professionals in the field that drug use, especially heroin use, is on the rise

  - high prevalence of heroin dependence among people arrested and people in prison on drug related charges

Substitution treatment in the region

- No substitution treatment was available in Lebanon, Middle East and Arab World, North Africa
- Exceptions:
  - Iran
  - UAE (only some hospital use for detox)
- Currently:
  - Morocco, Tunisia

Why Buprenorphine ?

- **Sporadic use of buprenorphine:** black market, patients coming from Europe…
- **Buprenorphine:** safer (?) and easier use than methadone
- **Buprenorphine:** gateway to methadone

Lobbying

- SKOUN, Other NGOs, Professionnals…
- Skoun: submitted file to Ministry of Health in November 2005.
- Minister of Health: pledged his support for legalization of substitution medication in 2005

BARRIERS

- Political stagnation
- Resistance of professionals
- Lack of involvement of different parties concerned with substitution treatment

Measures

- 2008: Pompidou Group initiative: task force
- Task Force: Ministries (Health, Interior), NAP (National Aids Program), UNODC, WHO, Lebanese Psychiatric Association, NGOs
- Continuous lobbying through:

  - knowledge Hub – (Harm Reduction programs for Middle East region)

  - other projects (NGOs)

  - education (conferences, trainings…)

National Guidelines

- Based on WHO guidelines
- Adapted by task force
- Aim: prevent diversion, false prescriptions

Rules – Task Force / MOH

- **Dispensing setting:** 2 governmental hospitals
- **Prescribers:**

  - only psychiatrists

  - mandatory that psychiatrists be affiliated to a multidisciplinary team
- **Age:** > 18y old
- **Dosage**: Max 16 mg
- **Dispensing:** once a week for the first 3 months and then once every 2 weeks if approved by the prescribing
- **Urine test:** screening for opiate with every prescription

Outcomes

- Training for psychiatrists done in Nov 2011
- Launching of buprenorphine treatment in January 2012

Current situation

- Around 400 patients since January 2012
- Patients profile :

✓ single young men mostly

✓ more likely to have a legal history

✓ 1/3 of them will likely drop out

✓ For people in treatment, favorable outcomes (more than 75% of opiates urine tests are negative)

Limitations

- Guidelines: re-assessment (urine tests, people who travel, people in prison…)
- Medication: no reimbursement, generic form
- Treatment possibilities: only centralized treatment centers, insufficient number of treatment centers and professionnals

Conclusion

- Legalization of substitution treatment initiated by civil society

- Comprehensive approach: breaks barriers and resistances:
  - professionnals
  - government
  - involved and influential organizations

- Despite limitations, introduction of buprenorphine into Lebanon represents an important benchmark in the expansion of medication-assisted treatment in the Middle East

THANK YOU